

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) The 2016 Committee			FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00569905 </div>		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on					
Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 06 / 2016</div>		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">434.90</div>		
City MCLEAN		State VA	Zip Code 22102-3028		Transaction ID : SE24.93674
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 29 / 2016</div>	
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1057645.09</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____
Full Name of Payee ECG DATA CENTER			Date of Public Distribution/Dissemination MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 06 / 2016</div>		
Mailing Address 1420 SPRING HILL ROAD SUITE 490			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">434.90</div>		
City MCLEAN		State VA	Zip Code 22102-3028		Transaction ID : SE24.93675
Purpose of Expenditure LIST RENTAL EXPENSES		Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>		Date of Disbursement or Obligation MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 29 / 2016</div>	
Name of Federal Candidate CLINTON, HILLARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose		Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought			<div style="border: 1px solid black; padding: 2px; display: inline-block;">1057645.09</div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ► _____
(a) SUBTOTAL of Itemized Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;">869.80</div>		
(b) SUBTOTAL of Unitemized Independent Expenditures ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
(c) TOTAL Independent Expenditures..... ►			<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Frank, Robert, , ,</i> <div style="border-bottom: 1px solid black; width: 100%;"></div>			[Electronically Filed]		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">11 / 30 / 2016</div>

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NAME OF COMMITTEE (In Full) The 2016 Committee		FEC IDENTIFICATION NUMBER ▼ C C00569905	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee KORTEN MEDIA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 927 CUP LEAF HOLLY COURT		Amount 50.00	
City GREAT FALLS	State VA	Zip Code 22066-1223	Transaction ID : SE24.93672
Purpose of Expenditure TRANSCRIPTION SERVICE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016	
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1057645.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee KORTEN MEDIA, LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 06 / 01 / 2016	
Mailing Address 927 CUP LEAF HOLLY COURT		Amount 50.00	
City GREAT FALLS	State VA	Zip Code 22066-1223	Transaction ID : SE24.93673
Purpose of Expenditure TRANSCRIPTION SERVICES	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016	
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1057645.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	100.00
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee PARAMOUNT COMMUNICATIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 525-K EAST MARKET ST SUITE 114			Amount 1050.05		
City LEESBURG	State VA	Zip Code 20176	Transaction ID : SE24.93668		
Purpose of Expenditure EMAIL ADVERTISEMENTS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016		
Name of Federal Candidate TRUMP, DONALD, , ,			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1057645.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee PARAMOUNT COMMUNICATIONS			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address 525-K EAST MARKET ST SUITE 114			Amount 1050.05		
City LEESBURG	State VA	Zip Code 20176	Transaction ID : SE24.93669		
Purpose of Expenditure EMAIL ADVERTISEMENTS		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016		
Name of Federal Candidate CLINTON, HILLARY, , ,			<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1057645.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2100.10
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee SISK FULFILLMENT SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount 273.32	
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : SE24.93676
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016	
Name of Federal Candidate TRUMP, DONALD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1057645.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee SISK FULFILLMENT SERVICES		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 27 / 2016	
Mailing Address 1900 INDUSTRIAL PARK DR.		Amount 273.31	
City FEDERALSBURG	State MD	Zip Code 21632-2667	Transaction ID : SE24.93677
Purpose of Expenditure DIRECT MAIL - POSTAGE	Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016	
Name of Federal Candidate CLINTON, HILLARY, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____	
Calendar Year-To-Date Per Election for Office Sought 1057645.09		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	546.63
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee THE PINKSTON GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address PO BOX 373			Amount 1367.50		
City FAIRFAX STATION	State VA	Zip Code 22039-0373	Transaction ID : SE24.93670		
Purpose of Expenditure PUBLIC RELATIONS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016		
Name of Federal Candidate TRUMP, DONALD, , ,			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1057645.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee THE PINKSTON GROUP			Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 01 / 2016		
Mailing Address PO BOX 373			Amount 1367.50		
City FAIRFAX STATION	State VA	Zip Code 22039-0373	Transaction ID : SE24.93671		
Purpose of Expenditure PUBLIC RELATIONS		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 29 / 2016		
Name of Federal Candidate CLINTON, HILLARY, , ,			Office Sought: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 1057645.09			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2735.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	6351.53

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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Date

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